



Bureau of Substance Addiction Services





Co- occurring Disorders



The Prevalence of Co-Occurring Disorders in Massachusetts

Impact on Individuals and Communities

How Co-Occurring Disorders Affect Individuals:

- Chronic stress and instability
- Difficulty in treatment
- Increased risk of relapse:

Impact on Communities:

- Cost
- Resources



Barriers to Effective Treatment

Challenges in Addressing Co-Occurring Disorders:

- **Stigma:**
- **Lack of integrated care:**
- **Fragmented services:**
- **Access to care:**



Integrated Treatment Models in Massachusetts

What Is Integrated Treatment?

- Integrated treatment is a holistic approach that treats both mental health and substance use disorders simultaneously.
- This approach is grounded in the belief that effective treatment must address both conditions together.

Integrated Clinical Services

- Treatment for both mental health and substance use disorders within the same setting.
- Aiming for long-term recovery through personalized care.

Residential Treatment Programs

- Safe, structured environments for individuals needing 24/7 support.
- Programs include both substance use and mental health counseling.

Outpatient Programs

- Flexible treatment options for those who don't require residential care.
- Includes individual and group therapy for dual diagnosis.

Peer Support and Recovery Coaches

- Peer support services are vital in helping individuals with co-occurring disorders manage their conditions and thrive in recovery.

Treatment Approaches and Therapies

Key Treatment Approaches for Co-Occurring Disorders:

- 1. Cognitive Behavioral Therapy (CBT):** Focuses on changing negative thought patterns and behavior and is effective for both substance use and mental health disorders.
- 2. Dialectical Behavior Therapy (DBT):** Helps individuals regulate emotions and manage interpersonal relationships, often used for those with Borderline Personality Disorder and substance use.
- 3. Medication for Addiction Treatment (MAT):** For substance use disorders, MAT combined with therapy is used to reduce cravings and withdrawal symptoms.
- 4. Trauma-Informed Care:** Addresses the connection between past trauma and current substance use/mental health issues.

Collaborative Care Model:

- Incorporates input from psychiatrists, therapists, social workers, and addiction specialists to create a unified treatment plan.

BSAS levels of Care



Level 1: Outpatient Treatment



Level 2: Intensive Outpatient Treatment



Level 3: Residential Treatment



Level 3.1 Clinically Managed Low Intensity Residential Treatment



Level 3.5 Clinically Managed High Intensity Residential Treatment
(in MA these are known as Clinical Stabilization Services/CSS)



Level 3.7 Medically Managed Residential Treatment (in MA these are known as Acute Treatment Services/ATS programs, or detox)



Level 4: Medically Managed Inpatient Treatment (in MA these are the hospital based detoxes)



24 hour
Withdrawal
Management

UMASS Harrington Co-Occurring Disorder
Unit/Webster


Arbour Dual Diagnosis/Brookline

HRI Dual Diagnosis Unit/Brookline

Southcoast Dual Diagnosis/Dartmouth

McLean/Belmont

Bournewood/Brookline



Data for 24 hour withdrawal management

In FY24, there were 17,229 enrollments to Acute Treatment programs contracted with BSAS. Of those enrollments:

- .3% reported receiving services from DMH at the time of admission
- 45% reported receiving prior treatment for mental health and 45% reported receiving medication for a mental health diagnosis
- Approximately 17% of the patients disenrolled from an ATS program received medication for a mental health diagnosis/condition while in the program while 15% received treatment for their mental health while in the program



Data for CSS

In FY24, there were 7,191 enrollments to CSS programs contracted with BSAS Of those enrollments:

- 1% reported receiving services from DMH at the time of admission

- 60% reported receiving prior mental health treatment while 57% reported receiving medication for a mental health diagnosis

- 32% of the disenrollments reported receiving medication for a mental diagnosis while in CSS while 29% reported receiving treatment for their mental health

BSAS Co-
Occurring
Enhanced
Residential





Data For COE

In FY24, there were 966 enrollments. Of those enrollments,

- 8.6% reported receiving services from DMH at the time of admission

- Of the enrollments, 91% reported receiving prior mental health treatment while 95% reported receiving medication for a mental health diagnosis

- 94% of the disenrollments reported receiving medication for a mental diagnosis while in the program while 94% reported receiving mental health treatment while in the program

Outpatient



Data for Outpatient

In FY24, there were 4034 enrollments Of those enrollments

- 1% reported receiving services from DMH at the time of admission
- 55% reported receiving prior mental health treatment while 44% reported receiving medication for a mental health diagnosis
- • 12% of the disenrollments reported receiving medication for a mental health diagnosis while in the program and 39% reported receiving mental health treatment

Recovery Support Services



Recovery Support Services

Peer Recovery Support Centers

Peer Support Workforce Development

RSS System Development and Technical Assistance

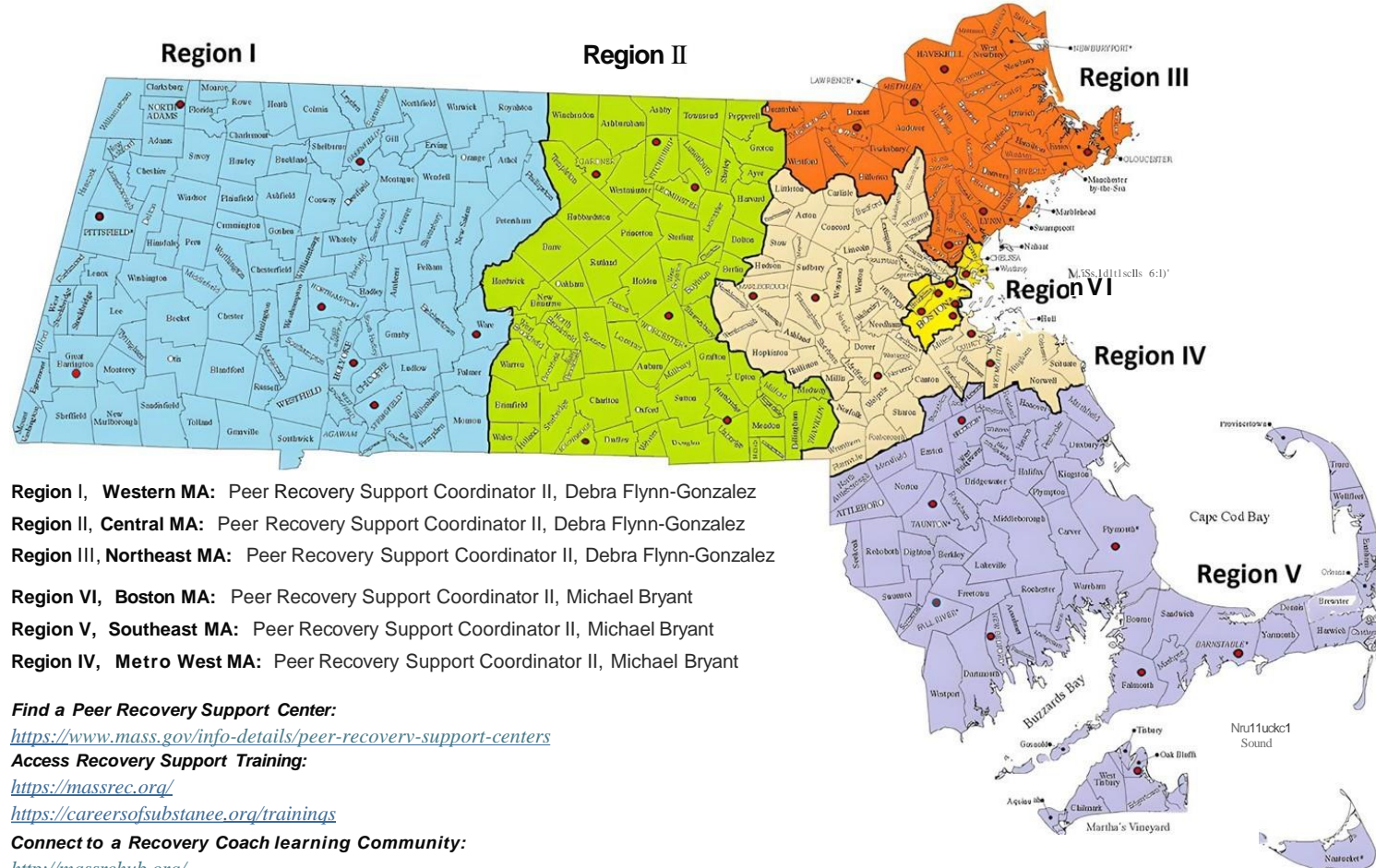
Recovery Support Initiatives

Statewide Partnerships and Events

Recovery Support Services



Peer Recovery Support Centers (PRSCs)



Region I , Western MA

The RECOVER Project, Greenfield, MA
Hope for Holyoke, Holyoke, MA
Valor Recovery Center, Springfield, MA
Living in Recovery, Pittsfield, MA
Northampton Recovery Center, Northampton, MA
South County Recovery Center, Great Barrington, MA
Have Hope Peer Recovery Center, North Adams, MA
Recovery Center of Hope, Ware, MA

Region II, Central MA

Everyday Miracles, Worcester, MA
No One Walks Alone (NOWA), Whitinsville, MA
Alyssa's Place Peer Recovery Support Center, Gardner, MA
Leaders of Restoration Peer Recovery Center, Fitchburg, MA
Ripple Effect Peer Recovery Support Center, Leominster, MA
South Bridge Peer Recovery Support Center, Southbridge, MA

Region III, Northeast MA

CORE Peer Recovery & Resource Center, Gloucester, MA
New Beginnings Peer Recovery Center, Lawrence, MA
Recovery Café Lowell , Lowell, MA
The Bridge Recovery Center, Malden, MA
Recovery Exchange Peer Support Center, Lynn, MA
Ray of Light Recovery Café, Haverhill, MA

Region VI , Boston MA

Devine Recovery Center, South Boston, MA
STEPRox Recovery Support Center, Roxbury, MA
Room to Grow Recovery Center, Boston, MA
Recovery on the Harbor, East Boston, MA
Torchlight Peer Recovery Support Center, Dorchester, MA
Jamaica Plain Peer Recovery Support Center, Jamaica Plain, MA

Region V , Southeast MA

Stairway to Recovery, Brockton, MA
PIER Recovery Center of Cape Cod, Hyannis, MA
Peer2Peer Recovery Support Center, Fall River, MA
Plymouth Recovery Support Center, Plymouth, MA
R.I.S.E Recovery Support Center , New Bedford, MA
The Red House, Oak Bluffs, MA
Falmouth Peer Recovery Center, Falmouth, MA
Taunton Peer Recovery Support Center, Taunton, MA

Region IV , Metro West MA

Anchored in Recovery, Framingham, MA
Turning Point Recovery Center, Walpole MA
Weymouth Peer Recovery Center , Weymouth, MA
A New Way Recovery Center, Quincy, MA
The Recovery Connection, Marlborough, MA

Workforce Development Initiatives



Workforce Development Initiatives



- ❑ All PRSC staff and Recovery Coaches that self-identify as co-occurring are encouraged to pursue both Recovery Coach & Certified Peer Specialist Training and Credentialing.
- ❑ Recovery Education Collaborative offers comprehensive recovery support education and training
 - ❑ Mental wellness
 - ❑ Supervisor of Recovery Coaches and Peer Workers Training
- ❑ BSAS RSS is currently working on a project with MGH to provide training and support, specifically for PRSC staff, to ensure self-care and the wellness of this front-line peer workforce.

Workforce Development and Practice Improvement Unit Co-Occurring Offerings

Adults and Behavioral Health: Understanding and Responding to Mental Health and Substance Use Challenges for Non-Clinicians	Intersections of Suicide and Opioid Use: A Community Helper Training
Unhealthy Opioid Use and Suicide Prevention for Non-Clinical Staff, Including Community Health Workers	Boundaries for Non-Clinicians
Ethics and Boundaries for Clinicians	Skills-Based Clinical Supervision
Culturally Responsive Supervision	Trauma-informed Non-Clinical Supervision
Trauma-Informed De-escalation	Trauma Informed Consequences
An Introduction to Trauma, Trauma Informed Care, and Substance Use Disorders	Mental Health First Aid
DSM 5	

Communities of Practices at Co-Occurring Capable Residential Programs

Since spring of 2024, BSAS has offered three communities of practices to approximately 36 supervisors from contracted programs across the state. In this 8-week series, facilitated by a BSAS consultant or staff member and a member of the workforce, 12 supervisors meet with the following objectives:

- To identify strategies for supporting clinical staff during high turnover.
- To describe the key elements of trauma-informed and culturally competent supervision.
- To participate in group discussions to foster a shared identity among supervisors.
- To reflect on personal supervision practices and identify areas for improvement.

Practice Improvement, Training and Technical Assistance

Development of BSAS Best Practices for CoE Programs

Case Western Reserve University provides Assessment, Training, and Technical Assistance to approximately 17 contracted CoE Residential programs (level 3.1), including:

- Dual Diagnosis Capability in Addiction Treatment (DDCAT) assessment and recommendations
- Needs assessments
- Best Practices Tool





Challenges and Areas for Improvement

Access to Care:

- Not all areas of Massachusetts have equal access to integrated care.
- Need for more funding and resources for rural areas.

Stigma:

- Stigma surrounding both mental health and substance use disorders can deter individuals from seeking treatment.

Workforce Shortages:

- A need for more trained professionals to support individuals with co-occurring disorders.

Conclusion

Integrated Care is Key:

BSAS's integrated approach to treating co-occurring disorders improves outcomes and provides holistic care.

Ongoing Commitment:

BSAS is committed to continuously improving services to meet the evolving needs of individuals with co-occurring mental health and substance use disorders.

- **Call to Action:**

Encouraging individuals and families to reach out for help and take advantage of available resources.

Thank you



**CAREERS
OF SUBSTANCE**



Are you or a loved one suffering from substance use disorder?



800-327-5050
HelplineMA.org

24/7 SUPPORT

MASSACHUSETTS
**BEHAVIORAL
HEALTH
HELP LINE**

GET HELP NOW
We're here for you 24/7,
including holidays.



VISIT WWW.MASSHELPLINE.COM TO CHAT